



Primary Care Provider Behavioral Health Communication Form

Reviewed by PCP (signature): _____

Date: _____

MEMBER'S HEALTH PLAN	BCBSRI	NHPRI	UBH	MEDICAID	DATE:
ATTENTION PCP: _____. The patient listed below is currently receiving behavioral health services and has consented to share the following information with their PCP. In an effort to increase communication and promote care coordination between providers, we ask that you review the behavioral health information in Section A. Please complete the medical information in Section B.					
Member Name: _____			DOB: _____	Insurance ID#: _____	

SECTION A		SECTION B	
1. Attached is a signed copy of the release of information (<i>please circle</i>):		PCP: Please complete and return to the above behavioral health provider via mail or fax	
Y	N	-----	
2. The patient is being treated for the following behavioral health problem(s): <i>(LIST ALL DIAGNOSES)</i>		1. Attached is a copy of patient's last physical with date of last appointment <i>(please circle)</i> :	
<hr/> <hr/>		Y	N
3. The patient is taking the following prescribed psychotropic medication(s): <i>(LIST ALL MEDICATIONS AND DOSAGE)</i>		2. The patient is being treated for the following medical problem(s): <i>(LIST ALL DIAGNOSES)</i>	
<hr/> <hr/>		<hr/> <hr/>	
4. The patient has the following Substance Abuse issue (if applicable):		3. The patient is taking the following prescribed medication(s): <i>LIST ALL MEDICATIONS AND DOSAGE</i>	
<hr/> <hr/>		<hr/> <hr/>	
5. Please describe any special concerns:		4. The patient has the following Substance Abuse issue (if applicable):	
<hr/> <hr/>		<hr/> <hr/>	
Psychopharmacologist, if applicable: _____		5. Please describe any special concerns:	
<hr/> <hr/>		<hr/> <hr/>	
Behavioral Health Clinician: _____		PCP completing communication form: _____	
<hr/> <hr/>		<hr/> <hr/>	
Behavioral Health Clinician Signature: _____		Primary Care Physician Signature: _____	
<hr/> <hr/>		<hr/> <hr/>	
Address: _____		Address: _____	
<hr/> <hr/>		<hr/> <hr/>	
Phone: _____		Phone: _____	
<hr/> <hr/>		<hr/> <hr/>	
Fax: _____		Fax: _____	
<hr/> <hr/>		<hr/> <hr/>	